

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181
94

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 12 Miami Ave- St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria del Carmen Gutierrez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb. 25-1929
Month Day Year

8. FATHER Full name Jose Gutierrez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Zacatecas, Mex.
(State or country)

13. Occupation Nature of industry Miner

14. MOTHER Full maiden name Clementina Vasquez
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Zacatecas, Mex.
(State or country)

19. Occupation Nature of industry Housewife

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown

Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year

Filed Feb 5, 1929 P. C. Barry

Registrar

Registrar

479-225-359